STATEMENT OF ORGANIZATION		OFFICE USE OF	
1. Name and Address of Committee  Belinda Hazel Campaign Fund	2. Date of this Statement 5 28 15	5/0	
	3. Estimated Membership		15003804
Check If: New Committee $\underline{\mathcal{X}}$	4. Amended Statement?YesXNo	#893190 #TOOO	4
5. All Committee Officers and Directors (including Chairperson, Treasure	r, if any, and any other committee of	fficers and directors)	
a. Name Belinda Hazel Chairperson	P.O. Box 14	<del> </del>	
Treasurer	Belle Chare	, LA 70037	
Affiliated Organizations     (Any organization, other than a political committee, which directly or in	directly established, administers, or	financially supports this committee	.)
a. <u>Name</u> b. <u>Address</u>		c. Relationship to Committee	
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)			
a. Name b. Address	5 Highway 2	3 Belle Chassi	e LA
Micsissippi River Bank 843	J Myraay 2	700	37
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: X Principal Campaign Committee Subsidiary			
b. Name of Candidate  Belinda Hazel		c. Office Sought by the Candida ASSESSOF Play	
9. a. Name of Person Preparing Report Belinds Ho			
b. Daytime releptions	7-2625	and a second to the heat of our knowled	dae information
10. WE HEREBY CERTIFY that the information contained in this STATE and belief.	MENT OF ORGANIZATION is true a	Ind coffect to the best of our recommendations	
This 28th day of May 201	<u>S</u> an in the same		
13M		504) 427-0	2625
Signature of Committee Chairperson	Da	ytime Telephone Number	
Signature of Committee Treasurer, if any		aytime Telephone Number	